

LOS ANGELES POLICE DEPARTMENT
PERFORMANCE EVALUATION REPORT-
CAPTAINS AND ABOVE

ANNIVERSARY OF CURRENT RANK

☐ PROBATIONARY ☐ REGULAR ☐ TRANSFER ☐ SPECIAL

NAME	SERIAL NO.	RANK	ASSIGNMENT
DUTIES	Period Covered (Months)	FROM:	TO:
<p>1. How well does this employee manage his/her time (organizing staff work, meeting deadlines, etc.)? Discuss briefly the quality and accuracy of reports submitted by this employee (written and oral).</p> <p style="text-align: center;"><input type="checkbox"/> STRONG <input type="checkbox"/> GOOD <input type="checkbox"/> UNSATISFACTORY</p>			
<p>2. Discuss this employee's ability to gain cooperation and activity from subordinates, include this employee's influence on morale and his/her administration of discipline. What is the employee's attitude toward Department rules, policies and procedures?</p> <p style="text-align: center;"><input type="checkbox"/> STRONG <input type="checkbox"/> GOOD <input type="checkbox"/> UNSATISFACTORY</p>			
<p>3. Does this employee foster a positive work environment and manage and oversee subordinates to ensure they accomplish the same?</p> <p style="text-align: center;"><input type="checkbox"/> STRONG <input type="checkbox"/> GOOD <input type="checkbox"/> UNSATISFACTORY</p>			
<p>4. How well does this employee delegate responsibility? How well does this employee exercise proper administrative review and control, and coordinate internal management activities?</p> <p style="text-align: center;"><input type="checkbox"/> STRONG <input type="checkbox"/> GOOD <input type="checkbox"/> UNSATISFACTORY</p>			
<p>5. Discuss this employee's ability to recognize and solve problems inherent in the assignment or sphere of responsibility. How well does this employee display originality in submitting suggestions for improvements? How well does this employee manage and develop his/her budgetary and personnel resources?</p> <p style="text-align: center;"><input type="checkbox"/> STRONG <input type="checkbox"/> GOOD <input type="checkbox"/> UNSATISFACTORY</p>			
<p>6. Does the employee demonstrate integrity and work to instill integrity in his/her command? To what degree does this employee's ability reflect his/her professional knowledge, and how do those decisions affect his/her command, the Department and the City? How does this employee react in emergency or stress situations? Discuss how this employee's personal decisions reflect the Department's commitment to diversity?</p> <p style="text-align: center;"><input type="checkbox"/> STRONG <input type="checkbox"/> GOOD <input type="checkbox"/> UNSATISFACTORY</p>			
<p>7. What impression does this employee make on subordinates, associates, and the public by voice, dress, manners, personal habits and physical fitness?</p> <p style="text-align: center;"><input type="checkbox"/> STRONG <input type="checkbox"/> GOOD <input type="checkbox"/> UNSATISFACTORY</p>			

8. How well does this employee relate to and coordinate with outside organizations and individuals when required by his/her position?

☐ STRONG☐ GOOD☐ UNSATISFACTORY

9. Effective Supervisory Oversight (Refer to Performance Evaluation Report Guidelines for Rating Captains and Above, Form 01.33.02.)

☐ STRONG☐ GOOD☐ UNSATISFACTORY

10. SUMMARY: (Capsulize the employee's performance during this rating period. Discuss this employee's special skills, fields in which this employee needs training, warnings and admonitions administered, commendations received, and efforts and achievements towards goals as outlined by the employee's supervisor.)

☐ EMPLOYEE'S TEAMS REPORT REVIEWED☐ RMIS ACTION ITEM NO. _____

11. Summarize results of discussion with employee being rated concerning this report.

RECOMMENDED RATING:

☐ STRONG☐ GOOD☐ UNSATISFACTORY

COMMENTS

RATER (Name and Rank)	SERIAL NO.	DATE	Time under my supervision:
APPROVED (Name and Rank)	SERIAL NO.	DATE	
I have received a copy of this report. This signature does not indicate agreement with rating.	Employee Signature		DATE